

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	2/19/99
OLP.E. CLASSIFIER	<i>[Signature]</i>	16	2/9/99
FORMALITY REVIEW	UN	67475	2-25-99 5-3-99

INDEX OF CLAIMS

(Through numbers) ☐ Rejected ☐ Non-elected  
☐ Allowed ☐ Interference  
☐ Cancelled ☐ Appeal  
☐ Rejected ☐ Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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